

June 17, 2003

MDR Tracking #:  
IRO #:

M2-03-1241-01  
5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopedic Surgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ was a 47-year-old male who injured his left knee on \_\_\_ while he was working. The details of this injury were not contained in the medical records. An MRI performed on October 15, 2001 demonstrated some degenerative changes, chondromalacia of the patella and a tear in the posterior horn of the meniscus.

The patient then underwent arthroscopic debridement of his knee on October 22, 2001. He had debridement of a degenerative tear in the posterior horn in the meniscus and a chondroplasty with shaving of the areas of degenerated cartilage in his knee. This was done by \_\_\_, who followed him and gave him exercise and rehabilitation treatment until March 6, 2002, at which time he was declared to be at MMI. He was released with a 4% impairment rating.

The patient returned to see \_\_\_ on August 1, 2002, stating that he was still having trouble with his knee and he also complained that his knee was causing him to have back problems because he had a recent laminectomy for a lower back problem in 2001. The patient then consulted \_\_\_ who became his treating doctor. He had some synovial injections for his arthritic knee, and these helped to a limited degree.

There is no description in the medical record, but on \_\_\_\_ this man had a motorcycle accident that resulted in a fracture of his left femur. This left femur was fixed with a reconstruction intramedullary nail. There is no record of the date of surgery, but it was some time after the motorcycle accident on \_\_\_\_.

The patient apparently still has a intramedullary nail in his left femur. The record says that he reportedly had some type of vascular injury to his leg at the same time, which the reviewer assumes was corrected surgically. He was sent for a designated doctor examination on January 30, 2002 to see \_\_\_\_\_. This exam was on January 30, 2002, only three months after the motorcycle accident and the femur fracture on the same side. \_\_\_\_\_ does not even mention the fact that he has had this major trauma three months earlier, and states that he should have further treatment on his knee, but is apparently not aware of the fact that he has had the major fracture in the femur with intramedullary nail fixation.

\_\_\_\_\_ is now suggesting a total knee replacement for this patient. He is now approximately 50 years of age and has had the major trauma to the femur on October 30, 2002. This undoubtedly caused some injury to the left knee, but the records do not tell us any details about just what this motorcycle injury and femur fracture produced in his left knee.

#### REQUESTED SERVICE

Left total knee arthroplasty is requested for this patient.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The records do not support the fact that a total knee replacement is indicated because of the work-related injury that took place on \_\_\_\_\_. The records support the fact that this patient had significant degenerative arthritis in his knee before the injury took place on \_\_\_\_\_. This injury was reportedly a tear of the posterior horn of the medial meniscus and it was described, according to the record, as a degenerative tear. Therefore, the reviewer finds that the knee was certainly on its way to degeneration before this \_\_\_\_\_ injury. The \_\_\_\_\_ injury represents a temporary aggravation of the degenerative arthritis in his knee. This temporary aggravation was probably ended by the time that \_\_\_\_\_ released the patient and declared that he had a 4% impairment rating on March 6, 2002.

The patient has now been through another major trauma with a femoral fracture and subsequent intramedullary nailing on \_\_\_\_\_. This certainly may have damaged his knee further, but since there are no records describing how much further damage he received in this accident, the reviewer is unable to determine whether a total knee replacement is indicated in this 50-year-old patient.

\_\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_\_, dba \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).